

ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY: U.S. MARSHALS SERVICE

AGENCY IDENTIFIER: AGENCY LOCATION CODE (ALC): 15180001

ACH FORMAT:

☒ CCD +☐ CTX

ADDRESS:

CONTACT PERSON NAME: Jenine Jenkins

TELEPHONE NUMBER: (800) 846-7220

FAX NUMBER: (410) 654-5261

E-MAIL: usmseft@bmc-llc.net

LAW ENFORCEMENT AGENCY

NAME OF LAW ENFORCEMENT AGENCY:

TAXPAYER ID NO.:

ADDRESS:

CONTACT PERSON NAME:

TELEPHONE NUMBER:

FAX NUMBER:

E-MAIL:

FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER:

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐ CHECKING☐ SAVINGS☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)

TELEPHONE NUMBER:

AUTHORIZED FOR LOCAL REPRODUCTION

Instructions for Completing USM-391 Form

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Law Enforcement Agency Copy; and copy 3 is the Financial Institution Copy.

1. Agency Information Section (For USMS use only): Federal agency prints or types the agency identifier of the Federal program agency originating the vendor/miscellaneous payment.
2. Law Enforcement Agency Section: Payee prints or types the name of the Law Enforcement Agency and address that will receive ACH vendor/miscellaneous payments, taxpayer ID number, and contact person information (name, fax number, telephone number, and e-mail address). It is recommended that the e-mail address provided on this form be one that is accessible by multiple individuals. This is the e-mail address that will receive EFT payment information messages from the USMS. Since only one e-mail address can be used, each recipient agency must establish internal procedures to ensure that these e-mails are opened immediately and distributed to all appropriate parties. Law Enforcement Agency also verifies depositor account number, account title, and type of account entered in the Financial Institution Section.
3. Financial Institution Information Section: To be completed by your financial institution. Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included. Ensure that all information is completed before faxing or mailing this form to the USMS contractor.